

OFFICE OF THE INSPECTOR GENERAL



COMPLAINT FORM

The Mission of the Office of Inspector General is to promote accountability, efficiency, and integrity in City government. Investigating complaints of fraud, waste, and abuse is one way we carry out our mission. The Office of Inspector General will consider all complaints of fraud, waste and abuse involving:

- Any City employee;
- Any municipal officer, including all
 - heads of City departments,
 - agencies,
 - bureaus
 - and all persons exercising comparable authority;
- Any member of a City board or commission;
- Any individual, organization, or business receiving City-granted funds or other benefits, including, but not limited to, loans, grants, tax credits, below market rate property transfers, tax increment financing, payment in lieu of taxes, or other City subsidies of any kind;
- Any individual, organization, or business providing goods or services to the City pursuant to a City contract; or
- Any individual, organization, or business seeking certification of eligibility to provide goods or services to the City pursuant to a contract.

Section I - Complainant Information

You may remain anonymous, but we have a greater chance of successfully investigating your complaint if you allow us to contact you if necessary. If you wish we can take steps to ensure that your identity remains confidential.

Do you wish to remain anonymous? ☐ YES ☐ NO

Do you want your information to remain confidential? ☐ YES ☐ NO

Are you a:

- ☐ Private Citizen
- ☐ Business owner
- ☐ City of Baltimore employee
- ☐ Contractor with the City of Baltimore,
- ☐ Other Explain:

Please give us your contact information:

First Name: Middle: Last:

Social Security Number (SSN): (numbers only)

Address:

City: State: Zip Code:

Work Phone: (numbers only) Ext.

Home Phone: (numbers only) Cell Phone: (numbers only)

Your email address:
(example: john.doe@baltimorecity.gov)

Have you notified any other Federal, State, or local agency or elected official about your complaint?

☐ Federal What Agency?

Did you get a response? ☐ YES ☐ NO

Did you get a complaint number?



State

What Agency?

Did you get a response? ☐ YES ☐ NO

Did you get a complaint number?



County

What Agency?

Did you get a response? ☐ YES ☐ NO

Did you get a complaint number?



City

What Agency?

Did you get a response? ☐ YES ☐ NO

Did you get a complaint number?

Are you a victim of the alleged violation? ☐ YES ☐ NO

Have you filed a complaint on this issue with us before? ☐ YES ☐ NO

Did you get a response? ☐ YES ☐ NO

What was the complaint number?

Is this complaint related to your previously filed complaint?



YES



NO

Section II - Subject Information

Please provide all available information about the person(s) who you believe committed the potential fraud, waste, or abuse. If the information is unknown, leave the field blank. However without a known subject our ability to investigate this allegation will be somewhat limited.

Does this allegation concern an:

☐

Individual

Or

☐

Business (go to page 7)

Did more than one person commit this violation?

☐

YES

☐

NO

How many others committed this violation?

Please provide all information you have about the subject:

Is this person a:

☐

Private Citizen

☐

Business owner

☐

City of Baltimore employee

☐

Contractor

☐

Other

Explain:

First Name:

Middle:

Last:

Other Names/Aliases used: First Name:

Middle:

Last:

Address:

City:

State:

Zip Code:

Work Phone:

(numbers only)

Ext.

Home Phone:

(numbers only)

Cell Phone:

(numbers only)

Date of Birth:

(mmddyyyy)

Approximate Age:

Gender:

Race: .

SSN:

What one category best describes the violation you believe occurred?

- ☐ Bribery or kickbacks
- ☐ False claims
- ☐ Misuse of position or resources
- ☐ Theft
- ☐ Threats of violence or assault
- ☐ Violations of laws, regulations, or rules
- ☐ Whistleblower Reprisal
- ☐ Workers Compensation Fraud
- ☐ Other

The information you provided us is important and, in some cases, should be referred to another agency for action. When we refer a complaint, we monitor that agency's action and follow up on the complaint. If appropriate, may we refer your complaint to the appropriate agency?

☐ YES ☐ NO

If we refer a complaint to another agency may we include your name and contact information?

☐ YES ☐ NO

On the next page please provide and explanation of the issue you believe to be a violation. . Include additional pages if necessary to explain the allegation. Keep in mind the more specific details you provide the better able we will be to respond to your complaint. Remember to tell us **who** you believe committed a violation, **what** they did, **where** the violation occurred, **when** the violation occurred, **how** it happened and if you know **why** the person committed the violation

ALLEGATION:

Section II - Subject Information **Business**

Please provide all information you have about the business:

Name of Business:

Address:

City: State: Zip Code:

Work Phone: (numbers only) Ext.

FAX Phone: (numbers only) Cell Phone: (numbers only)

What one category best describes the violation you believe occurred?

- ☐ Bribery or kickbacks
- ☐ False claims
- ☐ Misuse of position or resources
- ☐ Theft
- ☐ Threats of violence or assault
- ☐ Violations of laws, regulations, or rules
- ☐ Whistleblower Reprisal
- ☐ Workers Compensation Fraud
- ☐ Other

The information you provided us is important and, in some cases, should be referred to another agency for action. When we refer a complaint, we monitor that agency's action and follow up on the complaint. If appropriate, may we refer your complaint to the appropriate agency?

☐ YES ☐ NO

If we refer a complaint to another agency may we include your name and contact information?

☐ YES ☐ NO

In the space below please provide an explanation of the issue you believe to be a violation. Include additional pages if necessary to explain the allegation. Keep in mind the more specific details you provide the better able we will be to respond to your complaint. Remember to tell us **who** you believe committed a violation, **what** they did, **where** the violation occurred, **when** the violation occurred, **how** it happened and if you know **why** the person committed the violation

ALLEGATION:

Section III - Witness Information

Are there other individuals who witnessed the violation you are reporting?

☐ YES ☐ NO

How many others witnessed the violation?

Please give us contact information for your witnesses:

First Name:

Middle:

Last:

Address:

City:

State:

Zip Code:

Work Phone:

(numbers only)

Ext.

Home Phone:

(numbers only)

Cell Phone:

(numbers only)

Please explain how this other person witnessed the violation you are reporting.